Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF MICHIGAN		
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself						
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):		
1.	Your full name					
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Heather First name M. Middle name		First name Middle name		
	Bring your picture identification to your meeting with the trustee.	Brennan Last name and Suffix (Sr., Jr., II, III)	_	Last name and Suffix (Sr., Jr., II, III)		
2.	All other names you have used in the last 8 years					
	Include your married or maiden names.					
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-4787				

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs. Business name(s)	☐ I have not used any business name or EINs. Business name(s) EINs		
5.	Where you live		If Debtor 2 lives at a different address:		
		5051 Culver Rd. Brighton, MI 48114 Number, Street, City, State & ZIP Code Livingston County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. Number, P.O. Box, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

Has your landlord obtained an eviction judgment against you?

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of

Go to line 12.

No. Go to line 12.

this bankruptcy petition.

No.

☐ Yes.

11. Do you rent your

residence?

Number, Street, City, State & Zip Code

Where is the property?

immediate attention? For example, do you own perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

Debtor 1 Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. П

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

9/18/18 6:03PM Debtor 1 Heather M. Brennan Case number (if known) Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5**0,001-100,000 **5001-10,000 50-99** owe? **1**0,001-25,000 ☐ More than 100,000 □ 100-199 **200-999** 19. How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million ■ \$0 - \$50.000 □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a

> and 3571. /s/ Heather M. Brennan Signature of Debtor 2 Heather M. Brennan Signature of Debtor 1

> > MM / DD / YYYY

bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519,

Executed on Executed on September 18, 2018 MM / DD / YYYY

Debtor 1 Heather M. Brennan

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Melvin	J. Babi	Date	September 18, 2018
Signature of	Attorney for Debtor		MM / DD / YYYY
	Babi P70655		
Printed name			
Babi & Ba	bi Law, P.L.L.C.		
Firm name			
22710 Hag	igerty Rd.		
Suite 151	.5		
Farmingto	on Hills, MI 48335		
	City, State & ZIP Code		
Contact phone	248-434-4110	Email address	Melvin@babilegalgroup.com
P70655 MI			
Bar number & S	tate		

					9/18/18 6:03PM
	mation to identify your case:				
Debtor 1	Heather M. Brennan First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States B	ankruptcy Court for the: EAS	TERN DISTRICT OF	MICHIGAN		
Case number					
(if known)				_	k if this is an
				amer	nded filing
	orm 106Sum				
			d Certain Statistical Information		12/15
			are filing together, both are equally responsible information on this form. If you are filing amen		
			the box at the top of this page.		,
Part 1: Sumr	narize Your Assets				
				Your a	assets
				Value	of what you own
1. Schedule	A/B: Property (Official Form 10	6A/B)		¢	85,000.00
1a. Copy II	ne 55, Total real estate, from Sc	nedule A/B		\$	00,000.00
1b. Copy li	ne 62, Total personal property, f	rom Schedule A/B		\$	28,500.50
1c. Copy li	ne 63, Total of all property on So	hedule A/B		\$	113,500.50
Part 2: Sumr	narize Your Liabilities				
Fait Z. Suilli	ialize four Liabilities				
					iabilities nt you owe
2. Schedule l): Creditors Who Have Claims S	Coourad by Proporty (Official Form 106D)		
			be bottom of the last page of Part 1 of Schedule D	. \$	161,055.00
3. Schedule I	E/F: Creditors Who Have Unsect	ured Claims (Official I	Form 106E/F)		
3a. Copy 1	ne total claims from Part 1 (prior	rity unsecured claims) from line 6e of Schedule E/F	\$	1,217.00
3b. Copy 1	ne total claims from Part 2 (non	oriority unsecured cla	ims) from line 6j of Schedule E/F	\$	99,270.00
			Your total liabilitie	s \$	261,542.00
Part 3: Sumr	narize Your Income and Expe	nses			
4. Schedule I	Your Income (Official Form 106				
	combined monthly income from			\$	3,435.00

Schedule J: Your Expenses (Official Form 106J) 3,433.00 Copy your monthly expenses from line 22c of Schedule J.....

Part 4: Answer These Questions for Administrative and Statistical Records

Are you filing for bankruptcy under Chapters 7, 11, or 13?

- No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- Yes
- What kind of debt do you have?
 - Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 - Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

Debtor 1 Heather M. Brennan

Case number (if known)

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

5,347.00

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clair	n
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	1,217.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	1,217.00

Fill in	this information	to identify ye	our case and th	ns filing:					
Debto		ather M. Br		Mana	Last Name				
Debto		t Name	Middle	Name	Last Name				
		t Name	Middle	Name	Last Name				
United	l States Bankrupt	cy Court for th	e: EASTERN	DISTRICT	T OF MICHIGAN				
Case	number								Check if this is a amended filing
Offic	cial Form	106A/B							
Sch	nedule A	/B: Pro	perty						12/15
Part 1:					state You Own or Have an Interest In				
. Do y	ou own or have an	y legal or equi	table interest in a	ny residen	ce, building, land, or similar property?				
_	o. Go to Part 2.	. 0							
_	o. Go to Part 2.	operty?							
■ Y		operty?		What is	the property? Check all that apply				
1.1 <u>5</u>	es. Where is the pro	ı.	otion	■ S	Single-family home				r exemptions. Put
1.1 <u>5</u>	es. Where is the pro	ı.	otion	■ S		the amount	of any secure	d clain	r exemptions. Put ns on Schedule D: cured by Property.
1.1 5	es. Where is the pro	ole, or other descri _l	otion 48114-0000		Single-family home Duplex or multi-unit building	the amount	of any secure Tho Have Clair Iue of the	d clain ms Se	ns on Schedule D:
1.1 5 s	es. Where is the prosper set.	ole, or other descri _l		S C C C C C C C C C C C C C C C C C C C	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home and nvestment property	Current va	of any secure Tho Have Clair Iue of the	d clain ms Se	ns on Schedule D: cured by Property.
1.1 5 s	es. Where is the pro 5051 Culver Rd treet address, if availab Brighton	l. ole, or other descri	48114-0000	S S C C C C C C C C C C C C C C C C C C	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home and nvestment property Timeshare Other	Current va entire prop \$17 Describe tl (such as fe	lue of the perty? 70,000.00 he nature of yee simple, ten	d clain ms See	ns on Schedule D: cured by Property. rrent value of the tion you own?
1.1 5 s	es. Where is the pro 5051 Culver Rd treet address, if availab Brighton	l. ole, or other descri	48114-0000	S S C C C C C C C C C C C C C C C C C C	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home and Investment property Timeshare Other S an interest in the property? Check one	Current va entire prop \$17 Describe tl (such as fe	lue of the perty? 70,000.00 the nature of yee simple, tenee), if known.	d clain ms See	rrent value of the tion you own? \$85,000.0 wnership interest
1.1 5 S	es. Where is the pro 5051 Culver Rd treet address, if availab Brighton	l. ole, or other descri	48114-0000	S S C C C C C C C C C C C C C C C C C C	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home and nvestment property Timeshare Other	Current va entire prop \$17 Describe ti (such as fe a life estate	lue of the perty? 70,000.00 the nature of yee simple, tenee), if known.	d clain ms See	rrent value of the tion you own? \$85,000.0 wnership interest
1.1 5 S	6051 Culver Rd treet address, if availab	l. ole, or other descri	48114-0000	SS C C C C C C C C C C C C C C C C C C	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home and Investment property Timeshare Dither S an interest in the property? Check one	Current va entire prop \$17 Describe ti (such as fe a life estate Fee Sim	lue of the perty? 70,000.00 the nature of yee simple, tenee), if known.	Cur por	rrent value of the tion you own? \$85,000.0 wnership interest by the entireties, o
1.1 5 s	es. Where is the prosperior of	l. ole, or other descri	48114-0000	SS C C C C C C C C C C C C C C C C C C	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Dither S an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Current va entire prop \$17 Describe ti (such as fe a life estate Fee Sim) Check (see ins	tof any secure. Who Have Clair lue of the berty? 70,000.00 the nature of y be simple, tende), if known. ple c if this is compared to the structions	Cur por	rrent value of the tion you own? \$85,000.0 wnership interest by the entireties, o

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

Debtor 1	Heather M. Brennan	c	ase number (if known)	
Cars vans	s trucks tractors sport u	tility vehicles, motorcycles		
Oars, vari	s, trucks, tractors, sport u	unity vernoics, motorcycles		
☐ No				
Yes				
3.1 Make:	Dodge	Who has an interest in the property? Check one		d claims or exemptions. Put
Model:	1			cured claims on Schedule D: Claims Secured by Property.
Year:	2011	Debtor 1 only Debtor 2 only		, , ,
	imate mileage:	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	nformation:	☐ At least one of the debtors and another	ciliio pi opolity i	portion you out
SU	RRENDER			
		☐ Check if this is community property	\$4,000.00	0 \$4,000.00
		(see instructions)		
3.2 Make:	Jeep	Who has an interest in the property? Check one		ed claims or exemptions. Put cured claims on Schedule D:
Model:	Cherokee	Debtor 1 only		Claims Secured by Property.
Year:	2015	☐ Debtor 2 only	Current value of the	Current value of the
Approx	imate mileage:	Debtor 1 and Debtor 2 only	entire property?	portion you own?
Other i	nformation:	☐ At least one of the debtors and another		
		_	\$49,000 O	0
		Check if this is community property (see instructions)	\$18,000.00	0 \$18,000.00
_				
■ No				
☐ Yes				
			_	
Add the c	Iollar value of the portion	you own for all of your entries from Part 2, including a	ny entries for	¢22.000.00
		. Write that number here		\$22,000.00
	ribe Your Personal and Hous			
o you own	or have any legal or equi	table interest in any of the following items?		Current value of the
				portion you own? Do not deduct secured
				claims or exemptions.
	d goods and furnishings	P. 19. 19. 1		
Examples ☐ No	: Major appliances, furniture	e, linens, china, kitchenware		
_				
■ Yes. D	escribe			
	Househo	ld Goods and Furnishings		\$2,000.0
	Houselle	ia cocao ana i armoningo		
Electronic		dio, video, stereo, and digital equipment; computers, printe	oro gooppore: music colle	actiona: alactronia davisca
Examples		neras, media players, games	ers, scariners, music cone	ections, electronic devices
□ No	moraumig oon priorioo, can	iorao, modia piayoro, gamos		
Yes D	escribe			
100. 2	0001100			
	TV: Cell F	Phones; Tablet		\$500.0
		•		
0-11	a af valva			
Collectible Examples		intings, prints, or other artwork; books, pictures, or other a	rt obiects: stamp_coin_or	baseball card collections:
	other collections, memora			,
■ No				

Official Form 106A/B

☐ Yes. Describe.....

Schedule A/B: Property

page 2

De	ebtor 1	Heather M. B	rennan	Case number (if known)
9.	Equipme <i>Example</i>	ent for sports an es: Sports, photog musical instru	graphic, exercise, and other he	obby equipment; bicycles, pool tables, golf clubs, skis; canoes	s and kayaks; carpentry tools;
	■ No	Describe	mone		
10.	Firearm	ıs	, shotguns, ammunition, and r	related equinment	
	■ No	Describe	, shotgans, ammantion, and i	rolated equipment	
11.	Clothes Example		thes, furs, leather coats, design	gner wear, shoes, accessories	
	□ No ■ Yes.	Describe			
			Clothing		\$800.00
	□ No		velry, costume jewelry, engago	ement rings, wedding rings, heirloom jewelry, watches, gems,	gold, silver
			Jewelry		\$1,000.00
14.	Any oth	Describe ner personal and Give specific info	-	not already list, including any health aids you did not list	\$150.00
15				art 3, including any entries for pages you have attached	\$4,450.00
Pa	rt 4: Des	scribe Your Financ	cial Assets		
Do	o you ow	n or have any le	gal or equitable interest in a	any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
	■ No		ave in your wallet, in your hor	me, in a safe deposit box, and on hand when you file your pet	tion
	Examp			unts; certificates of deposit; shares in credit unions, brokerage with the same institution, list each.	houses, and other similar
	□ No ■ Yes			Institution name:	
			Checking and 17.1. Savings	U of M Credit Union	\$3.00

Official Form 106A/B Schedule A/B: Property page 3

Debtor	1	Heather M. Br	ennan		Case number (if known)	9/18/18 6:03PM
				01110		
			17.2.	Checking & Savings	Lake Trust Credit Union	\$445.00
			17.3.	Checking and Savings	U of M Credit Union Joint with Ex-Spouse	\$2.50
Exa	amp	mutual funds, or les: Bond funds, ir			erage firms, money market accounts	
■ N □ Y	•			Institution or issuer na	me:	
joii	nt ve	blicly traded stoo enture	k and	interests in incorpora	ated and unincorporated businesses, including an interest in	an LLC, partnership, and
■ N	-	0:		all and the are		
ЦΥ	es.	Give specific infor		about them ne of entity:	 % of ownership:	
Ne No	gotia n-ne	able instruments in	iclude p	ersonal checks, cashie	able and non-negotiable instruments ers' checks, promissory notes, and money orders. effer to someone by signing or delivering them.	
■ N	-	Civa ana sifia inform	nation o	ah ayut tha ma		
□ Y	es. (Give specific inforr		uer name:		
Exa	amp	nent or pension a les: Interests in IR			B(b), thrift savings accounts, or other pension or profit-sharing plan	ns
■ N						
ЦΥ	es. I	ist each account :		ely. of account:	Institution name:	
You	ur sł		deposit	s you have made so th	nat you may continue service or use from a company blic utilities (electric, gas, water), telecommunications companies	, or others
■ N	-				Institution name or individual:	
			a period	dic payment of money t	to you, either for life or for a number of years)	
■ N	0	•		e and description.		
	C3			o and dooding to the		
	J.S.C	s in an education C. §§ 530(b)(1), 52			lified ABLE program, or under a qualified state tuition progra	am.
	-	Insti	tution n	name and description. S	Separately file the records of any interests.11 U.S.C. § 521(c):	
25. Tru :	,	equitable or futu	re inter	rests in property (other	er than anything listed in line 1), and rights or powers exerci	sable for your benefit
	-	Give specific infor	mation	about them		
	amp			•	other intellectual property from royalties and licensing agreements	
□ Y	es.	Give specific infor	mation	about them		
Exa	amp			r general intangibles usive licenses, coopera	ative association holdings, liquor licenses, professional licenses	
■ N □ Y	-	Give specific infor	mation	about them		
Money	or p	property owed to	you?			Current value of the portion you own? Do not deduct secured

Official Form 106A/B Schedule A/B: Property page 4

claims or exemptions.

				9/10/10 0.03F
Debtor 1	Heather M. Brennan		Case number (if known)	
28. Tax re	efunds owed to you			
☐ No	·			
Yes	. Give specific information about	them, including whether you already filed the	e returns and the tax years	
		Anticipated Income Tax Refunds	Federal & State	\$1,600.00
29. Famil				
■ No	ipies. Past due or lump sum alim	ony, spousal support, child support, mainten	ance, divorce settlement, property	Settlement
	. Give specific information			
	. Grad opedine milemandimini			
	amounts someone owes you			
Exan	nples: Unpaid wages, disability in	surance payments, disability benefits, sick pa	ay, vacation pay, workers' compe	nsation, Social Security
■ No	benefits; unpaid loans you	made to someone else		
	. Give specific information			
	·			
	ests in insurance policies inples: Health, disability, or life ins	urance; health savings account (HSA); credit	t, homeowner's, or renter's insurar	nce
■ No				
☐ Yes	. Name the insurance company of	• •	D (1)	
	Company	name:	Beneficiary:	Surrender or refund value:
22 Apvi	atoract in proparty that is due y	ou from someone who has died		
If you	are the beneficiary of a living tru	st, expect proceeds from a life insurance pol	icy, or are currently entitled to reco	eive property because
_	eone has died.			
■ No	. Give specific information			
L Tes	. Give specific information			
33. Claim	s against third parties, whethe	r or not you have filed a lawsuit or made a	a demand for payment	
_	nples: Accidents, employment dis	putes, insurance claims, or rights to sue		
■ No	. Describe each claim			
□ res	. Describe each daim			
_	contingent and unliquidated c	laims of every nature, including counterc	laims of the debtor and rights to	set off claims
■ No	. Describe each claim			
_ •	inancial assets you did not alre	ady list		
■ No	. Give specific information			
— 103	. Give specific information			
	•	entries from Part 4, including any entries f		\$2,050.50
for F	Part 4. Write that number here			φ2,030.30
Part 5: D	escribe Any Business-Related Pror	perty You Own or Have an Interest In. List any re	eal estate in Part 1.	
		•		
	own or have any legal or equitable So to Part 6.	interest in any business-related property?		
_	Go to line 38.			
□ 168.	GO to line So.			
	escribe Any Farm- and Commercial you own or have an interest in farmla	I Fishing-Related Property You Own or Have an nd, list it in Part 1.	Interest In.	
	•			
46. Do yo	u own or have any legal or equ	itable interest in any farm- or commercial	fishing-related property?	

No. Go to Part 7.

Official Form 106A/B

page 5

Schedule A/B: Property

Deb	otor 1	Heather M. Brennan			Case number (if known)	
	☐ Yes	s. Go to line 47.				
Part	t 7:	Describe All Property You Own or Have an Interest in Tha	t You Di	d Not List Above		
		u have other property of any kind you did not already ples: Season tickets, country club membership	list?			
		Give specific information				
54.	Add 1	the dollar value of all of your entries from Part 7. Wri	te that r	number here		\$0.00
Part	t 8:	List the Totals of Each Part of this Form				
55.	Part '	1: Total real estate, line 2				\$85,000.00
56.	Part 2	2: Total vehicles, line 5		\$22,000.00	_	· ·
57.	Part 3	3: Total personal and household items, line 15		\$4,450.00		
58.	Part 4	4: Total financial assets, line 36	_	\$2,050.50		
59.	Part !	5: Total business-related property, line 45		\$0.00		
60.	Part (6: Total farm- and fishing-related property, line 52	_	\$0.00		
61.	Part 7	7: Total other property not listed, line 54	+	\$0.00		
62.	Total	personal property. Add lines 56 through 61		\$28,500.50	Copy personal property total	\$28,500.50
63.	Total	of all property on Schedule A/B. Add line 55 + line 62				\$113,500.50

Fill in this information to identify your case:							
Debtor 1	Heather M. Brenn	an					
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:		EASTERN DISTRICT O	F MICHIGAN				
Case number							
(if known)					☐ Check if this is an		
					amended filing		

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

 	, opc	.,	ρ.

Part 1: Identify the Property	You Claim as E	xempt					
Which set of exemptions are you claiming? Check one only, even if your spouse is filling with you.							
☐ You are claiming state and	☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)						
You are claiming federal e	xemptions. 11	U.S.C. § 522(b)(2)					
. For any property you list or	Schedule A/B	that you claim as exe	mpt,	fill in the information below.			
Brief description of the propert Schedule A/B that lists this pro		Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption		
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.			
5051 Culver Rd. Brighton Livingston County	n, MI 48114	\$85,000.00	•	\$22,691.50	11 U.S.C. § 522(d)(1)		
NOTE: SEE DIVORCE JULine from Schedule A/B: 1.1	JDGMENT			100% of fair market value, up to any applicable statutory limit			
Household Goods and F	urnishings	\$2,000.00		\$2,000.00	11 U.S.C. § 522(d)(3)		
Line from Schedule A/B. 0.1				100% of fair market value, up to any applicable statutory limit			
TV: Cell Phones; Tablet Line from Schedule A/B: 7.1		\$500.00		\$500.00	11 U.S.C. § 522(d)(3)		
Line from Schedule A/D. 111				100% of fair market value, up to any applicable statutory limit			
Clothing Line from Schedule A/B: 11.1	ı	\$800.00		\$800.00	11 U.S.C. § 522(d)(3)		
Line Hotti Schedule A/B. 11.	I			100% of fair market value, up to any applicable statutory limit			

Jewelry

Line from Schedule A/B: 12.1

\$1,000.00

11 U.S.C. § 522(d)(4)

\$1,000.00

100% of fair market value, up to any applicable statutory limit

Schedule A/B that lists this property		Current value of the portion you own Copy the value from Schedule A/B		ount of the exemption you claim	Specific laws that allow exemption	
	1 Dog, 9 Chickens Line from Schedule A/B: 13.1	\$150.00		\$150.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)	
	Checking and Savings: U of M Credit Union Line from Schedule A/B: 17.1	\$3.00		\$3.00	11 U.S.C. § 522(d)(5)	
				any applicable statutory limit		
	Checking & Savings: Lake Trust Credit Union	\$445.00		\$445.00	11 U.S.C. § 522(d)(5)	
	Line from Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit		
	Checking and Savings: U of M Credit Union Joint with Ex-Spouse	\$2.50		\$2.50	11 U.S.C. § 522(d)(5)	
	Line from Schedule A/B: 17.3			100% of fair market value, up to any applicable statutory limit		
	Federal & State: Anticipated Income	\$1,600.00		\$1,600.00	11 U.S.C. § 522(d)(5)	
	Line from Schedule A/B: 28.1			100% of fair market value, up to any applicable statutory limit		
3.	Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3 ■ No ■ Yes. Did you acquire the property covere □ No □ Yes	3 years after that for ca	ises fi	,	,	

						5,75,75
Fill in this informa	ation to identify you	r case:				
Debtor 1	Heather M. Bren	nan				
	First Name	Middle Name	Last Name			
Debtor 2	First Name	Middle Nesse	L and Marria			
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bank	kruptcy Court for the:	EASTERN DISTRICT OF MICH	IIGAN			
Case number						
(if known)					☐ Check	if this is an
					amen	ded filing
Official Form	106D					
Schedule [D: Creditors	Who Have Claims S	Secure	ed by Property	1	12/15
		f two married people are filing togethe out, number the entries, and attach it t				
I. Do any creditors h	ave claims secured by	your property?				
□ No. Check t	this box and submit th	nis form to the court with your other	schedules.	You have nothing else to	report on this form.	
Yes. Fill in a	all of the information b	pelow.				
Part 1: List All	Secured Claims					
2. List all secured cl for each claim. If mo	re than one creditor has	nore than one secured claim, list the cred a particular claim, list the other creditors cal order according to the creditor's name	s in Part 2. As		Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 Carvana		Describe the property that secures t	he claim:	\$20,073.00	\$18,000.00	\$2,073.00
Creditor's Name		2015 Jeep Cherokee			· ,	
63 Pierce R Winder, GA		As of the date you file, the claim is: (apply.	Check all that			
	City, State & Zip Code	☐ Unliquidated				
		☐ Disputed				
Who owes the deb	t? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only		☐ An agreement you made (such as n	nortgage or s	ecured		
Debtor 2 only		car loan)				
☐ Debtor 1 and Deb	otor 2 only	☐ Statutory lien (such as tax lien, med	hanic's lien)			
At least one of the	e debtors and another	☐ Judgment lien from a lawsuit				
Check if this clai community deb		Other (including a right to offset)	Vehicle			
Date debt was incur	red 2018	Last 4 digits of account numb	per <u>Unkr</u>	nown		
2.2 U of M Cree	dit Union	Describe the property that secures t	he claim:	\$16,365.00	\$4,000.00	\$12,365.00
Creditor's Name		2011 Dodge Journey ***SURRENDER***	ne oranii.	Ψ10,303.00	ψ+,000.00	<u> </u>
		As of the date you file, the claim is:	Check all that			
PO BOX 78 Ann Arbor,		apply.	onoon an mar			
		Contingent				
Number, Street, C	City, State & Zip Code	Unliquidated				
Who owes the deb	t? Check one.	☐ Disputed Nature of lien. Check all that apply.				
■ Debtor 1 only		☐ An agreement you made (such as n	nortgage or s	ecured		
Debtor 2 only		car loan)	-			
☐ Debtor 1 and Deb	otor 2 only	☐ Statutory lien (such as tax lien, med	chanic's lien)			
	e debtors and another	☐ Judgment lien from a lawsuit	,			
☐ Check if this clai community deb		Other (including a right to offset)	Vehicle			
Barrier Laboration		Land Authorita of account of the col-	7047	,		

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 2

Debtor 1 Heather M. Brennan		Case number (if know)			
First Name Middle N	lame Last Name				
Village Capitale Investments	Describe the property that secures the claim:	\$124,617.00	\$170,000.00	\$0.00	
Creditor's Name 1 Corp. Dr. Ste. 360 Lake Zurich, IL 60047	5051 Culver Rd. Brighton, MI 48114 Livingston County NOTE: SEE DIVORCE JUDGMENT As of the date you file, the claim is: Check all that apply. Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated				
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.				
☐ Debtor 1 only ☐ Debtor 2 only	☐ An agreement you made (such as mortgage or scar loan)	secured			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)				
At least one of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a community debt	Other (including a right to offset) Mortgage	•			
Date debt was incurred 2015	Last 4 digits of account number 4823	3			
Add the dollar value of your entries in C	Column A on this page. Write that number here:	\$161,055.	00		
If this is the last page of your form, add Write that number here:	the dollar value totals from all pages.	\$161,055.	00		

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

						_	9/16/16 G.USFW
Fill in this info	ormation to identify your ca	ise:					
Debtor 1	Heather M. Brenna	n					
500101 1	First Name	Middle Name	Last Nam	9			
Debtor 2							
(Spouse if, filing)	First Name	Middle Name	Last Nam	Э			
United States I	Bankruptcy Court for the:	EASTERN DISTRICT OF	MICHIGAN				
Casa numbar							
Case number (if known)						☐ Chec	k if this is an
						amer	nded filing
Official Fo	rm 1065/5						
	<u>rm 106E/F</u> E/F: Cre ditors Wh	a Haya Uncasu	rad Claim	•			12/15
	and accurate as possible. Use				r oroditors with NON	IDDIODITY eleime	
Schedule G: Exe Schedule D: Cre left. Attach the C name and case r	ontracts or unexpired leases the cutory Contracts and Unexpir ditors Who Have Claims Secur ontinuation Page to this page number (if known). All of Your PRIORITY Uns	ed Leases (Official Form 10 ed by Property. If more spa If you have no information	16G). Do not inclu ace is needed, co	ide any cred py the Part	ditors with partially s you need, fill it out,	secured claims that number the entries	t are listed in in the boxes on the
	litors have priority unsecured						
☐ No. Go to	o Part 2.	<u> </u>					
Yes.							
identify what possible, list	our priority unsecured claims. type of claim it is. If a claim has the claims in alphabetical order re than one creditor holds a part	both priority and nonpriority a according to the creditor's na	amounts, list that one me. If you have me.	laim here ar	nd show both priority a	and nonpriority amou	ints. As much as
(For an expl	anation of each type of claim, se	e the instructions for this form	n in the instruction	booklet.)	Tatal alaim	Dalasita.	No se se si e si te s
					Total claim	Priority amount	Nonpriority amount
				Unkno	*	.	
	of Michigan	Last 4 digits of	account number	wn	\$1,217.00	\$1,217.0	0 \$0.00
Michi P.O. I	Creditor's Name gan Dept. of Treasury Box 30456	When was the c	lebt incurred?	2017		-	
	ng, MI 48909-7955 r Street City State Zlp Code	As of the date v	ou file, the claim	is: Check al	Il that apply		
	red the debt? Check one.	☐ Contingent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
■ Debtor	1 only	☐ Unliquidated					
☐ Debtor	2 only	☐ Disputed					
	1 and Debtor 2 only		TY unsecured cla	im:			
_	•	☐ Domestic sup					
	one of the debtors and another						
	if this claim is for a communit	•	ertain other debts		government u were intoxicated		
No	n subject to offset?	_	•	ury write you	u were intoxicated		
☐ Yes		☐ Other. Specif	Income Ta	xes Owe	d		_
Part 2: List	All of Your NONPRIORITY	Unsecured Claims					
3. Do any cred	litors have nonpriority unsecu	red claims against you?					
☐ No. You	have nothing to report in this par	t. Submit this form to the cou	rt with your other	schedules.			
Yes.							
unsecured c	our nonpriority unsecured clai laim, list the creditor separately f ditor holds a particular claim, list	or each claim. For each clain	n listed, identify wl	nat type of cl	aim it is. Do not list cl	aims already include	d in Part 1. If more
						То	otal claim

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 9

Debt	or 1 Heather M. Brennan		Case number (if know)	
4.1	Accelerated Receivables	Last 4 digits of account number	Multiple	\$1,788.00
	Nonpriority Creditor's Name 2223 Broadway Scottsbluff, NE 69361	When was the debt incurred?	2013	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Miscellane	ous Purchases	
4.2	Accelerated Receivables	Last 4 digits of account number	Multiple	\$2,622.00
	Nonpriority Creditor's Name 2223 Broadway Scottsbluff, NE 69361	When was the debt incurred?	2013	
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims		
	■ No	Debts to pension or profit-sharing		
	Yes	■ Other. Specify Miscellane	ous Purchases	
4.3	AFNI	Last 4 digits of account number	0005	\$156.00
	Nonpriority Creditor's Name P.O. Box 3097	When was the debt incurred?	2017	
	Bloomington, IL 61702	Then was the assembarrou.	2017	
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharir	a plans, and other similar debts	
			א פונים אינים איני	
	☐ Yes	Other. Specify Cable Bill		

ATI Physical Therapy Neoprotory Credior's Name 4,0000 AN ARROR RD ESTE 201 Phymouth, MI 44170 Thour start day State Count Who incurred the debt? Cruck one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3	Debtor 1 Heather M. Brennan		Case number (if know)				
Ap600 ANN ARBOR RD E STE 201 Pymorth, MI 48170 As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file the claim subject to offset? As of the date you file, the claim subject to offset? As of the date you file, the claim is: Check all that apply As of the date you fil	4.4		Last 4 digits of account number	Unknown	\$400.00		
Number Street City State Zip Code Who Incurred the debt? Check one. Debtor 1 only Contingent Uniquidated		40600 ANN ARBOR RD E STE 201	When was the debt incurred?	2018			
Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 manual property of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? New Yes As Jestiman Community Debtor 3 manual property Continues Name PORONO Dept 78007 Dept 78007 Dept 78007 Dept 78007 Dept 78007 Dept 1 manual property Continues Name PORONO Dept 78007 Dept		Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply			
Debtor 1 and Debtor 2 only Disputed Di		<u> </u>	☐ Contingent				
At least one of the debtors and another Check if this claim is for a community debt Student Least Check if this claim subject to offset? Check one. Check if this claim subject to offset? Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim subject to offset? Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a		Debtor 2 only	-				
Check if this claim is for a community debt is the claim subject to offset? Check if this claim subject to offset? Check if this claim subject to offset? Capital One Bank Capital One Way Richmond, VA 23060 Number Steer City State 2 p Code Who incurred the debt? Check one. ■ Other. Specily Medical Capital One Bank Capital One Way Richmond, VA 23060 Number Street City State 2 p Code Who incurred the debt? Check one. ■ Other. Specily Medical Capital One Bank Capital One Bank Capital One Way Richmond, VA 23060 Number Street City State 2 p Code Who incurred the debt? Check one. ■ Other. Specily Medical Capital One Way Richmond, VA 23060 Number Street City State 2 p Code Who incurred the debt? Check one. ■ Other. Specily Medical Capital One Way Richmond, VA 23060 Capital One Way Richm		☐ Debtor 1 and Debtor 2 only	☐ Disputed				
Coloration subject to offset? Coloration subject to offset		☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
Is the claim subject to offset? No		☐ Check if this claim is for a community	☐ Student loans				
Sighton Vision Center Last 4 digits of account number 4924 \$50.00				ration agreement or divorce that you did not			
Sighton Vision Center		No	Debts to pension or profit-sharing	g plans, and other similar debts			
Nonpriority Creditor's Name PO BOX 78000 Dept 78007 Detroit, MI 48278 Number Street (ity) State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 4 at least one of the debtors and another ts the claim is for a community debt Nonpriority Creditor's Name 10700 Capital One Way Richmond, VA 23060 Number Street (ity) state Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 8 only Debtor 9 only De		□Yes	Other. Specify Medical				
PO BOX 78000 Dept 78007 Detroit, MI 48278 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 sthe claim is for a community debt Is the claim subject to offset? Capital One Bank Nonpriority Creditor's Name 10700 Capital One Way Richmond, VA 23060 Number Street City State Zip Code Who incurred the debtors and another Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 priority claims Student loans Debtor 4 and obetor 2 only Medical Last 4 digits of account number 8798 \$291.00 When was the debt incurred? 2018 As of the date you file, the claim is: Check all that apply When was the debt incurred? 2018 As of the date you file, the claim is: Check all that apply When was the debt incurred? 2018 As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 2 only Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Student loans Contingent Debtor 1 and Debtor 2 only Student loans Debtor 1 only Debtor 2 only Student loans Student loans Debtor 1 on Debtor 2 only Student loans Debtor 2 only Debtor 2 only Student loans Debtor 2 only Debtor 3 only Debtor 3 only Debtor 4 this claim is for a community debt Student loans Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Contingent Debtor 7 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 9 only Player 8 only Debtor 9 only Debtor 9 only Player 8 only Debtor 9 only Player 8 only Debtor 9 only	4.5		Last 4 digits of account number	4924	\$50.00		
Dept 78007 Detroit, MI 48278 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt In No Yes As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply When was the debt incurred? 2018 As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that ap			When was the debt incurred?	2018			
Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only		Dept 78007					
Who incurred the debt? Check one. Debtor 1 only			As of the date you file the claim	s. Check all that apply			
Debtor 1 only		· ·	As of the date you me, the claim	S. Officer all that apply			
Debtor 2 only		<u> </u>	Contingent				
Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Other. Specify Nopriority Creditor's Name 10700 Capital One Way Richmond, VA 23060 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Shop of NoNPRIORITY unsecured claim: Type of NoNPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Page 1 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Student loans Other. Specify Medical When was the debt incurred? 2018 As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Capital One Way Richmond, VA 23060 Number Street City State Zip Code Who incurred the debt? Check one. Capital One Way Street City State Zip Code Who incurred the debt? Check one. Capital One Way Street City State Zip Code Who incurred the debt? Check one. Capital One Way Street City State Zip Code Who incurred the debt? Check one. Capital One Way Street City State Zip Code Who incurred the debt? Check one. Capital One Way Street City State Zip Code Who incurred the debt? Check one. Capital One Way Street City State Zip Code Who incurred the debt? Check one. Capital One Way Street City State Zip Code Who incurred the debt? Check one. Capital Community debt incurred? Capital One Way Street City State Zip Code Who incurred the debt? Check one. Capital Community debt incurred? Capital One Way Street City State Zip Code Who incurred the debt? Check one. Capital Community debt incurred? Capit		_					
At least one of the debtors and another Check if this claim is for a community debt Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a se			`				
Check if this claim is for a community debt Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Other. Specify Medical			·	d claim:			
Capital One Bank		<u></u>	Student loans				
Yes		debt		ration agreement or divorce that you did not			
As of the date you file, the claim is: Check all that apply Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No No No No No No N		■ No	Debts to pension or profit-sharing				
Nonpriority Creditor's Name 10700 Capital One Way Richmond, VA 23060 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No When was the debt incurred? 2018 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		☐ Yes	Other. Specify Medical				
Nonpriority Creditor's Name 10700 Capital One Way Richmond, VA 23060 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No When was the debt incurred? 2018 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	4.6	Capital One Bank	Last 4 digits of account number	8798	\$291.00		
Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Contingent Unliquidated Unliquidated Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		Nonpriority Creditor's Name	When was the debt incurred?	2018			
Who incurred the debt? Check one. □ Debtor 1 only □ Contingent □ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts			- Acceptable later of the discrete				
□ Debtor 1 only □ Contingent □ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts			As of the date you file, the claim	s: Check all that apply			
□ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts		<u> </u>	O continuent				
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts			-				
□ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts		<u> </u>					
☐ Check if this claim is for a community debt Is the claim subject to offset? No Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts			-	d claim:			
debt		_					
		debt	Obligations arising out of a sepa	ration agreement or divorce that you did not			
☐ Yes		■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
		Yes	Other. Specify Miscellane	ous Purchases			

Debto	or 1 Heather M. Brennan		Case number (if know)	9/10/10 0.03FW
4.7	Commonwealth Financial Systems Nonpriority Creditor's Name	Last 4 digits of account number	4934	\$617.00
	245 Main St. Dickson City, PA 18519	When was the debt incurred?	Unknown	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	Other. Specify Miscellane	ous Purchases	
4.8	Diversified Consultants, Inc.	Last 4 digits of account number	8488	\$365.00
	Nonpriority Creditor's Name P.O. Box 551268	When was the debt incurred?	2018	
	Jacksonville, FL 32255			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	_	-		
	Debtor 1 only	Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	I alaim.	
	At least one of the debtors and another	☐ Student loans	i Claiiii.	
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	ration agreement of divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify Cable Bill		
4.9	Enhanced Recovery Corp Nonpriority Creditor's Name	Last 4 digits of account number	5421	\$527.00
	PO Box 57547 Jacksonville, FL 32241	When was the debt incurred?	2018	
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Cable Bill		
	_ 100	- Other, Specify		

Heather M. Brennan	Case number (if know)	
H&R Accounts	Last 4 digits of account number iple;9445	\$3,300.00
Nonpriority Creditor's Name 5320 22nd Ave. Moline, IL 61265	When was the debt incurred? 2017-2018	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that report as priority claims	t you did not
No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Medical	
IHA	Last 4 digits of account number ×564	\$112.00
Nonpriority Creditor's Name	When was the debt incurred? 2018	
Ann Arbor, MI 48113-1186		
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	Пол	
Debtor 2 only	☐ Contingent	
_	☐ Unliquidated ☐ Disputed	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Student loans	
☐ Check if this claim is for a community debt s the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that report as priority claims	t you did not
■ No	Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Medical	
Long Lake Anesthesiology	Last 4 digits of account number 5103	\$173.00
Nonpriority Creditor's Name 2009 Momentum Pl Chicago, IL 60689	When was the debt incurred? 2018	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	•	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	Obligations arising out of a separation agreement or divorce that	t you did not
ls the claim subject to offset? ■	report as priority claims	
No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other, Specify Medical	

1 Heather M. Brennan		Case number (if know)				
Mid Mich. Collection	Last 4 digits of account number	4886;x257;x 795;xx63	\$1,032.00			
Nonpriority Creditor's Name P.O. Box 130	When was the debt incurred?	2012-2015				
Saint Johns, MI 48879	_					
Number Street City State Zlp Code	As of the date you file, the claim is	S: Check all that apply				
Who incurred the debt? Check one.						
Debtor 1 only	Contingent					
Debtor 2 only	☐ Unliquidated					
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	alaimi				
At least one of the debtors and another	Student loans	ciaim:				
☐ Check if this claim is for a community debt						
Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not				
No	Debts to pension or profit-sharing	g plans, and other similar debts				
Yes	Other. Specify Medical					
Midland Funding	Last 4 digits of account number	Multiple;	\$2,963.00			
Nonpriority Creditor's Name			Ψ=,000.00			
PO BOX 1628	When was the debt incurred?	2017				
Warren, MI 48090 Number Street City State Zlp Code	As of the date you file, the claim is	Chook all that apply				
Who incurred the debt? Check one.	As of the date you me, the claim is	э. Спеск ан that арргу				
■ Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
Debtor 1 and Debtor 2 only	☐ Disputed					
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:				
☐ Check if this claim is for a community	☐ Student loans					
debt	Obligations arising out of a separ	ration agreement or divorce that you did not				
Is the claim subject to offset?	report as priority claims					
■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
Yes	Other. Specify Misc. Purch	ases				
Navient	Last 4 digits of account number	Unknown	\$77,665.00			
Nonpriority Creditor's Name			VIII,000.00			
P.O. Box 9655	When was the debt incurred?	2018				
Wilkes Barre, PA 18773 Number Street City State Zlp Code	As of the date you file, the claim is	Charle all that annie				
Who incurred the debt? Check one.	As of the date you me, the claim is	5. Спеск ан тат арргу				
■ Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
Debtor 1 and Debtor 2 only	☐ Disputed					
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:				
☐ Check if this claim is for a community	☐ Student loans					
debt Is the claim subject to offset?		ration agreement or divorce that you did not				
No	Debts to pension or profit-sharing	plans, and other similar debts				
☐ Yes	■ Other. Specify Student Loa	allo				

	Case number (if know)	
Last 4 digits of account number	4129	\$124.0
When was the debt incurred?	2018	
As of the date you file, the claim i	is: Check all that apply	
•	,	
☐ Contingent		
☐ Unliquidated		
☐ Disputed		
Type of NONPRIORITY unsecured	d claim:	
☐ Student loans		
Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
Debts to pension or profit-sharing	g plans, and other similar debts	
Other. Specify Medical		
Last 4 digits of account number	Unknown	\$3,123.0
		,
When was the debt incurred?	2017	
As of the date you file, the claim i	is: Check all that apply	
☐ Contingent		
☐ Unliquidated		
☐ Disputed		
Type of NONPRIORITY unsecured	d claim:	
☐ Student loans		
☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
Debts to pension or profit-sharing	g plans, and other similar debts	
Other. Specify Medical		
Last 4 digits of account number	7847	\$3,640.0
When was the debt incurred?	2015	, , , , , , , , , , , , , , , , , , ,
_		
As of the date you file, the claim i	is: Check all that apply	
_		
-		
<u> </u>		
•	d claim.	
	u Claiiii.	
☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
<u></u>	o plans, and other similar debts	
Other, Specify Personal Letters		
	When was the debt incurred? As of the date you file, the claim is Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans Obligations arising out of a separeport as priority claims Debts to pension or profit-sharin Other. Specify Medical Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans Obligations arising out of a separeport as priority claims Debts to pension or profit-sharin Other. Specify Medical Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is Contingent Unliquidated Disputed Type of NONPRIORITY unsecured? As of the date you file, the claim is Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans Obligations arising out of a separeport as priority claims	When was the debt incurred? 2018 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Other. Specify Medical Last 4 digits of account number Unknown When was the debt incurred? 2017 As of the date you file, the claim is: Check all that apply Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Other. Specify Medical Last 4 digits of account number Unknown Unknown Unknown When was the debt incurred? 2017 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Other. Specify Medical Last 4 digits of account number 7847 When was the debt incurred? 2015 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not Obligations arising out of a separation agreement or divorce that you did not Obligations arising out of a separation agreement or divorce that you did not Obligations arising out of a separation agreement or divorce that you did not Obligations arising out of a separation agreement or divorce that you did not Obligations arising out of a separation agreement or divorce that you did not Obligations arising out of a separation agreement or divorce that you did not Obligations arising out of a separation agreement or divorce that you did not Obligations arising out of a separation agreement or divorce that you did not Obligations arising out o

Debtor 1 Heather M. Brennan			1. Brennan							
1 0 1			Surgery Center	Last 4 digits of account number	x534	<u> </u>	\$322.00			
		nvest	ditor's Name ment Dr. Ste 100	When was the debt incurred?	2018	}				
Number Street City State Zlp Code Who incurred the debt? Check one.			City State Zlp Code	As of the date you file, the claim	າ is: Check	k all that apply				
	Debt	tor 1 onl	у	☐ Contingent						
Debtor 2 only				☐ Unliquidated						
			d Debtor 2 only	☐ Disputed						
			of the debtors and another		Type of NONPRIORITY unsecured claim:					
	_		s claim is for a community	☐ Student loans						
	debt		bject to offset?	☐ Obligations arising out of a sepreport as priority claims	paration ag	greement or divorce that you di	id not			
	■ No			☐ Debts to pension or profit-shar	ing plans,	and other similar debts				
	☐ Yes			Other. Specify Medical						
Part 3:	List	Others	s to Be Notified About a De	ebt That You Already Listed						
is tryin have m	ng to col	llect fro n one c	m you for a debt you owe to s	• •	in Parts 1 ditional cr	or 2, then list the collection reditors here. If you do not ha	agency here. Similarly, if you			
Name an			L	On which entry in Part 1 or Part 2 did yo						
53rd D Howell			t nlander Way	_		Creditors with Priority Unsecur				
Ste 1	. 204 0	, i iigi	nanaci way		Part 2:	Creditors with Nonpriority Unse	ecured Claims			
Case N	-		С							
Howell	I, MI 48	8843		Last 4 digits of account number						
				Last 4 digits of account number						
	erated		vable Solutions		☐ Part 1: (Creditors with Priority Unsecur				
P.O. Bo	-	NE 69:	363		■ Part 2: Creditors with Nonpriority Unsecured Claims					
	,			Last 4 digits of account number						
Name an	nd Addre	ss		On which entry in Part 1 or Part 2 did yo	ou list the o	original creditor?				
NPAS,				Line 4.17 of (<i>Check one</i>):	☐ Part 1:	Creditors with Priority Unsecur	red Claims			
PO Bo			60	ı	Part 2:	Creditors with Nonpriority Uns	ecured Claims			
Louisv	ille, K	1 402	09	Last 4 digits of account number						
Name an	ما ۸ ماماست			On which costs in Dort 1 or Dort 2 did up	liat tha a	original are ditor?				
Omar I		55		On which entry in Part 1 or Part 2 did yo Line 4.14 of (<i>Check one</i>):		Creditors with Priority Unsecur	red Claims			
РО ВО	X 204				_	Creditors with Nonpriority Unse				
Warrer	n, MI 4	8090		Last 4 digits of account number		,				
				Last 4 digits of account number						
Name an				On which entry in Part 1 or Part 2 did yo	_	=				
State of contract of the contr			ral			Creditors with Priority Unsecur				
			d., #10-200	ı,	☐ Part 2:	Creditors with Nonpriority Unse	ecured Claims			
Detroit	t, MI 48	8202		Last 4 digits of account number						
Part 4:	Δdd	the Ar	mounts for Each Type of U	nsecured Claim						
				aims. This information is for statistical	reporting	purposes only. 28 U.S.C. §1	59. Add the amounts for each			
	f unsecu				. 3					
						Total Claim				
-	-4-1	6a.	Domestic support obligation	ns	6a.	\$	0.00			
	otal iims									
from Pa	art 1	6b.	Taxes and certain other deb		6b.		17.00			
		6c.	Claims for death or persona	I injury while you were intoxicated	6c.	\$	0.00			

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 8 of 9

Debtor 1 Heather M. Brennan

Case number (if know)

	6d. Other. Add all other priority unsecured claims. Write that amount here.		6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 1,217.00
				Total Claim
	6f.	Student loans	6f.	\$ 0.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that	6g.	\$ 0.00
	6h.	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 99,270.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 99,270.00

Fill in this informa						
Debtor 1 Heather M. Brennan						
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bank	cruptcy Court for the:	EASTERN DISTRICT C	DF MICHIGAN			
Case number						
(if known)						Check if this is an
					_	amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	r company with Name, Numbe	whom you have the r, Street, City, State and ZIP (contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			_
	City		State	ZIP Code	_

Fill in thi	is information to identify your	case:		9/10/10 0.00FW
Debtor 1	Heather M. Brenn	an		
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, f	iling) First Name	Middle Name	Last Name	
United St	tates Bankruptcy Court for the:	EASTERN DISTRICT O	F MICHIGAN	
Case nur	mber			
(if known)				☐ Check if this is an amended filing
Officia	al Form 106H			
	dule H: Your Cod	ebtors		12/15
1. Do 1. Do No Ye 2. W Arizo No Ye 3. In Co in lir Forn	te and case number (if known) o you have any codebtors? (If your obs. ithin the last 8 years, have you ona, California, Idaho, Louisiana, ob. Go to line 3. es. Did your spouse, former spou	Answer every question you are filing a joint case, of lived in a community property Nevada, New Mexico, Publish, or legal equivalent live ors. Do not include your fithat person is a guaranterior.	do not list either spouse and one list either spouse and operty state or territory? erto Rico, Texas, Washing with you at the time? spouse as a codebtor if tor or cosigner. Make su	? (Community property states and territories include
	Column 1: Your codebtor Name, Number, Street, City, State and Zl	P Code		Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.1	Aaron Allen 481 Turquoise Dr. Whitmore Lake, MI 48189			☐ Schedule D, line ■ Schedule E/F, line4.18 ☐ Schedule G U of M Credit Union
3.2	Aaron Allen 481 Turquoise Dr. Whitmore Lake, MI 48189			■ Schedule D, line □ Schedule E/F, line □ Schedule G Village Capitale Investments

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is livin formation about your spouse. If more space is neede attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every quest attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every quest page with information. If you have more than one job, attach a separate page with information about additional employers. Occupation Respiratory Therapist Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's name Sheldon Medical Supply Employer's address Sheldon Medical Supply Employer's address Sheldon Medical Supply Employer's address Ste B Marysville, MI 48040 How long employed there? 2 Years Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you nemore space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 4,680.00 \$ N/A Alexandra Alexandr							•			
Debtor 2 (Spoose, 8 firing) United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN Case number (Iffacoury) Official Form 106l Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are separated and your spouses in not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouses in not filing with you, do not include information about your spouse. If you are separated and your spouses is not filing with you, do not include information about your spouse. If you are separated and your spouses in not filing with you, do not include information about your spouse. If more space is needed attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every quest Part 1: Describe Employment If you have more than one job, attach a separate page with information about additional employers. Occupation Respiratory Therapist Include part-time, seasonal, or self-employed work. Occupation Respiratory Therapist Include part-time, seasonal, or self-employed work. Occupation Respiratory Therapist Include part-time, seasonal, or self-employed work. Occupation Respiratory Therapist Include part-time, seasonal, or self-employer saddress 2303 Gratiot Sto B Marysville, MI 48040 How long employed there? 2 Years Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you ne more space, attach a separated. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 4,680.00 \$ N/A	Fill	in this information to identify your	case:							
United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN Case number (If known) Official Form 106! Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information, if you are married and not filing jointly, and your spouse. If more space is neede attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every quest employers. If you have more than one job, attach a separate page with information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's address Sand State B Marysville, MI 48040 How long employed there? 2 Years Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse under your are separated. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 4,680.00 \$ N/A	Deb	otor 1 Heather M.	Brennan			_				
Case number (If known) Official Form 106! Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, do not include information about your spouse. If more space is neede attach a separate sheet to this form. On the top of any additional pages, write your name and case number (If known). Answer every quest attach a separate sheet to this form. On the top of any additional pages, write your name and case number (If known). Answer every quest page with information about additional pages, write your name and case number (If known). Answer every quest page with information about additional pages, write your name and case number (If known). Answer every quest page with information about additional pages, write your name and case number (If known). Answer every quest page with information about additional pages, write your name and case number (If known). Answer every quest page with information about additional pages, write your name and case number (If known). Answer every quest page with information about additional pages, write your name and case number (If known). Answer every quest page with information about additional pages, write your name and case number (If known). Answer every quest page with information about additional pages, write your name and case number (If known). Answer every quest page with information about additional pages, write your name and case number (If known). Answer every quest page with information about additional pages, write your name and case number (If known). Answer every quest page with information about additional pages, write your name and case number (If known). Answer every quest page with information about additional pages, write your name and case number (If known). Answer every quest page with information for line information pages. Employed Employed Em						_				
Official Form 106 Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible to supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every quest attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every quest page with information about additional employers. Debtor 1 Debtor 1 Debtor 1 Debtor 2 or non-filing spouse Employer sname Employed Not employed Temployed work. Decupation may include student or homemaker, if it applies. Employer's name Employer's address Sheldon Medical Supply Employer's address Ste B Marysville, MI 48040 How long employed there? 2 Years Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you nemore space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. 4,680.00 \$ N/A	Uni	ted States Bankruptcy Court for th	e: EASTERN DISTRICT	OF MICHIGAN		_				
Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible supplying correct information. If you are separated and your spouse is not filing both you, do not include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is neede attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every quest part 1: Describe Employment 1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Occupation Respiratory Therapist Employer's name Sheldon Medical Supply Employer's address of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you nemore space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 4,680.00 \$ N/A				-			☐ An amende☐ A suppleme	d filing ent showing		
Schedule I: Your Income 1: Schedule I: Your Income 1: Se as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is neede attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every quest information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation Respiratory Therapist Include part-time, seasonal, or self-employed work. Cocupation may include student or homemaker, if it applies. Employer's address 2303 Gratiot Ste B Marysville, MI 48040 How long employed there? 2 Years Fart 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you nemore space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 2. deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 4,680.00 \$ N/A	Of	fficial Form 106I							3	
Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If more space is neede attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every quest that a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every quest the provided attach a separate page with information. If you have more than one job, attach a separate page with information about additional employers. Occupation Respiratory Therapist Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's name Sheldon Medical Supply Employer's address Sheldon Medical Supply Employer's address Sheldon Medical Supply Employer's address Sheldon Medical Supply Fart 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you nemore space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 4,680.00 \$ N/A Addeductions). If not paid monthly, calculate what the monthly wage would be. 3. +\$ 300.00 +\$ N/A			come				IVIIVI / DD/ f	111		12/15
Information. If you have more than one job, attach a separate page with information about additional employers. Occupation Respiratory Therapist Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's address Sheldon Medical Supply Employer's address Ste B Marysville, MI 48040 How long employed there? 2 Years Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you nemore space, attach a separate sheet to this form. List monthly gross wages, salary, and commissions (before all payroll 2. \$ 4,680.00 \$ N/A 3. Estimate and list monthly overtime pay. 3. +\$ 300.00 +\$ N/A	sup spo atta	plying correct information. If yo use. If you are separated and yo ch a separate sheet to this form	u are married and not fili our spouse is not filing w . On the top of any additi	ng jointly, and your sith you, do not inclu	spouse i de inforr	s liv nati	ing with you, inclu on about your spo	ude informa ouse. If mor	ation about e space is	your needed,
attach a separate page with information about additional employers. Occupation Respiratory Therapist Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's address Sheldon Medical Supply Employer's address Ste B Marysville, MI 48040 How long employed there? 2 Years Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you nemore space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 4,680.00 \$ N/A 3. Estimate and list monthly overtime pay.	1.			Debtor 1			Debtor 2	or non-filii	ng spouse	
Include part-time, seasonal, or self-employed work. Occupation Employer's name Sheldon Medical Supply Cocupation Marysville, MI 48040 How long employed there? 2 Years Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you nemore space, attach a separate sheet to this form. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 4,680.00 \$ N/A N/A				■ Employed			☐ Emplo	oyed		
Include part-time, seasonal, or self-employed work. Cocupation may include student or homemaker, if it applies. Employer's address Ste B Marysville, MI 48040 How long employed there? 2 Years Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you nemore space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 4,680.00 \$ N/A N/A			Employment status	☐ Not employed			☐ Not e	mployed		
Self-employed work. Occupation may include student or homemaker, if it applies. Employer's address Ste B Marysville, MI 48040 How long employed there? 2 Years Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you nemore space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 4,680.00 \$ N/A 3. Estimate and list monthly overtime pay. 3. +\$ 300.00 +\$ N/A		employers.	Occupation	Respiratory The	Respiratory Therapist					
The space of the space of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you nemore space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. +\$ 300.00			Employer's name	Sheldon Medica	al Suppl	у				
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you ne more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filling spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 4,680.00 \$ N/A 3. Estimate and list monthly overtime pay. 3. +\$ 300.00 +\$ N/A			Employer's address	Ste B	8040					
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you nemore space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 4,680.00 \$ N/A 3. Estimate and list monthly overtime pay. 3. +\$ 300.00 +\$ N/A			How long employed t	here? 2 Years	5					
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you nemore space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 4,680.00 \$ N/A 3. Estimate and list monthly overtime pay. 3. +\$ 300.00 +\$ N/A	Par	t 2: Give Details About Mo	onthly Income							
List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 4,680.00 \$ N/A 3. Estimate and list monthly overtime pay. 3. +\$ 300.00 +\$ N/A	spou If yo	use unless you are separated. u or your non-filing spouse have r	nore than one employer, co	,		Í	, ,		,	J
List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 4,680.00 \$ N/A 3. Estimate and list monthly overtime pay. 3. +\$ 300.00 +\$ N/A	more	e space, attach a separate sheet t	o this form.							
 deductions). If not paid monthly, calculate what the monthly wage would be. \$ 4,680.00 \$ N/A Estimate and list monthly overtime pay. 3. +\$ 300.00 +\$ N/A 							For Debtor 1			
	2.				2.	\$	4,680.00	\$	N/A	
4. Calculate gross Income. Add line 2 + line 3. 4. \$ 4 980 00 \$ N/Δ	3.	Estimate and list monthly ove	rtime pay.		3.	+\$	300.00	+\$	N/A	
<u> </u>	4.	Calculate gross Income. Add	line 2 + line 3.		4.	\$	4,980.00	\$	N/A	

Case number (if known)

				For I	Debtor 1		Debtor 2 or n-filing spouse
	Copy	y line 4 here	4.	\$	4,980.00	\$	N/A
5.	List	all payroll deductions:					
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,333.00	\$	N/A
	5b.	Mandatory contributions for retirement plans	5b.	\$	212.00	\$	N/A
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A
	5e.	Insurance	5e.	\$	0.00	\$_	N/A
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A
	5g.	Union dues	5g.	\$	0.00	\$	N/A
	5h.	Other deductions. Specify:	5h.+	\$	0.00	+ \$_	N/A
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,545.00	\$_	N/A
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,435.00	\$_	N/A
8.	List a	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	N/A
	8b.	Interest and dividends	8b.	\$	0.00	\$_	N/A
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	 \$	0.00	\$	N/A
	8d.	Unemployment compensation	8d.	\$	0.00	\$_	N/A
	8e.	Social Security	8e.	\$	0.00	\$_	N/A
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	N/A
	8g.	Pension or retirement income	 8g.	\$	0.00	\$_	N/A
	8h.	Other monthly income. Specify:	_ 8h.+	\$	0.00	+ \$_	N/A
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$_	N/A
10	Calc	ulate monthly income. Add line 7 + line 9.	10. \$	3	3,435.00 + \$		N/A = \$ 3,435.00
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	· · ·		. 4		14/A - 4 - 5,400.00
11.	1. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00						
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines					. 12. \$ 3,435.00 Combined
13.	Do y	ou expect an increase or decrease within the year after you file this form No.	?				monthly income
		Yes. Explain: NOTE: Listed "Overtime" is actually an auto allow	vance				

Fill	in this informat	tion to identify yo	ur case:			I		
	otor 1	Heather M. B				Che	eck if this is:	
		Tieather W. D	reman				An amended filing	
	otor 2 ouse, if filing)						A supplement show 13 expenses as of	ving postpetition chapter
``							13 expenses as or	the following date.
Unit	ted States Bankri	uptcy Court for the:	EASTE	RN DISTRICT OF MIC	HIGAN		MM / DD / YYYY	
	se number							
(If k	nown)							
O.	fficial Fo	rm 106J				_		
		J: Your I	Exper	ISAS				12/15
Be info	as complete a	and accurate as	possible. eded, atta	If two married people ch another sheet to the	e are filing together, b his form. On the top o			or supplying correct
Par		ibe Your House	hold					
1.	Is this a join No. Go to							
		· ⊪e ∠. s Debtor 2 live i	n a separa	ate household?				
	□ No							
			t file Offici	al Form 106J-2, <i>Expen</i>	ses for Separate Hous	ehold of Del	btor 2.	
2.	Do you have	e dependents?	□ No					
	Do not list De Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	•		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents i	names.			Daughter		8	Yes
					Son		44	□ No
					Son		_ 11	■ Yes □ No
								☐ Yes
								□ No
								☐ Yes
3.	expenses of	enses include f people other th d your depender	nan ┌	No Yes				
Par		ate Your Ongoir		<u> </u>				
exp								apter 13 case to report f the form and fill in the
the	value of such	n assistance and		government assistand luded it on <i>Schedule</i>			V	
(Of	ficial Form 10	6I.)					Your exp	enses
4.		r home ownersl d any rent for the		•	e. Include first mortgag	je 4.	\$	950.00
	If not includ	ed in line 4:						
	4a. Real e	state taxes				4a.	\$	0.00
		rty, homeowner's	, or renter	's insurance		4b.		0.00
				pkeep expenses		4c.	·	50.00
_		owner's associati			. In a case of a case of the case of	4d.	·	0.00
5.	Additional n	nortgage payme	ents for yo	our residence, such as	nome equity loans	5.	Ф	0.00

Official Form 106J

Debtor 1		Heather	M. Brennan	Cas	Case number (if known)				
6.	Utilit	ies:							
0.	6a.		heat, natural gas		6a.	\$	275.00		
	6b.	•	ver, garbage collection		6b.		0.00		
	6c.		, cell phone, Internet, satellite, and cable se	rvices	6c.	·	245.00		
	6d.	Other. Spe		Vices	6d.		0.00		
7.			ekeeping supplies		7.	\$			
7. 8.			hildren's education costs		7. 8.	\$ 	800.00		
						\$	30.00		
9.			ry, and dry cleaning		9.	·	75.00		
			roducts and services		10.	· ·	85.00		
11.			ntal expenses		11.	\$	65.00		
12.			Include gas, maintenance, bus or train fare.		12.	\$	125.00		
12			ar payments.	s and books	13.	\$			
			clubs, recreation, newspapers, magazine	s, and DOURS		·	100.00		
			ibutions and religious donations		14.	\$	0.00		
15.		rance.	surance deducted from your new or included	in lines 4 or 20					
		ot include in Life insura	surance deducted from your pay or included	III IIIIes 4 OI ZU.	15a.	\$	0.00		
		Health insu			15a. 15b.		0.00		
						·			
		Vehicle ins			15c.	·	110.00		
4.0			rance. Specify:	de d'a Para Ala DO	15d.	\$	0.00		
16.	Taxe Spec		clude taxes deducted from your pay or include	dea in lines 4 or 20.	16.	\$	0.00		
17.			ase payments:			•			
			ents for Vehicle 1		17a.	· ·	448.00		
			ents for Vehicle 2		17b.	·	0.00		
		Other. Spe			17c.	·	0.00		
		Other. Spe			17d.	\$	0.00		
18.			of alimony, maintenance, and support the		18.	<u> </u>	0.00		
10			our pay on line 5, Schedule I, Your Incom you make to support others who do not		10.	\$	0.00		
13.	Spec		you make to support others who do not	nve with you.	19.	Ψ	0.00		
20			erty expenses not included in lines 4 or 5	of this form or on Schodul		our Income			
۷٠.			on other property	or and round of off Scriedul	20a.		0.00		
		Real estate			20a. 20b.	·	0.00		
			nomeowner's, or renter's insurance		20b. 20c.				
						·	0.00		
			ce, repair, and upkeep expenses		20d.	·	0.00		
٠,			er's association or condominium dues		20e.	· .	0.00		
21.	Othe	r: Specify:	Pet Expense		21.	+\$	75.00		
22.		•	nonthly expenses						
	22a.	Add lines 4	through 21.			\$	3,433.00		
	22b.	Copy line 22	2 (monthly expenses for Debtor 2), if any, fro	m Official Form 106J-2		\$			
			a and 22b. The result is your monthly expen			\$	3,433.00		
00							-,		
23.		•	nonthly net income.	hadula I	00-	Φ.	0.40=00		
			12 (your combined monthly income) from Sc	neaule I.	23a.	·	3,435.00		
	23b.	Copy your	monthly expenses from line 22c above.		23b.	-\$	3,433.00		
	23c.		our monthly expenses from your monthly inc	ome.	22.	\$	2.00		
		The result	is your monthly net income.		23c.	\$	2.00		
24.	Do y	ou expect a	in increase or decrease in your expenses	within the year after you fi	le this	form?			
	For ex	xample, do yo	u expect to finish paying for your car loan within the terms of your mortgage?				or decrease because of a		
	■ No		, , ,						
			Francis have						
	☐ Ye	es.	Explain here:						

Fill in this infor	mation to identify your o	ase:			
Debtor 1	Heather M. Brenna	an			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	PF MICHIGAN		
Case number (if known)					☐ Check if this is an amended filing
Official For					
Declarat	tion About a	n Individual	Debtor's Sc	hedules	12/15
	n Below ay or agree to pay some	one who is NOT an atto	rney to help you fill out b	ankruptcy forms?	
■ No					
☐ Yes.	Name of person				ptcy Petition Preparer's Notice, nd Signature (Official Form 119)
	alty of perjury, I declare t re true and correct.	hat I have read the sum	mary and schedules file	d with this declaration	and
X /s/ Hea	ather M. Brennan		X		
	er M. Brennan ire of Debtor 1		Signature of	Debtor 2	
Date _	September 18, 2018		Date		

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

Software Copyright (c) 1996-2018 Best Case, LLC - www.bestcase.com

Best Case Bankruptcy

		nation to identify your				
Debt	or 1	Heather M. Bren	nan Middle Name	Last Name		
Debt (Spous	or 2 se if, filing)	First Name	Middle Name	Last Name		
Unite	ed States Ba	nkruptcy Court for the:	EASTERN DISTRICT OF	MICHIGAN		
Case (if know	e number wn)				_	Check if this is an mended filing
Sta Be as	complete a	of Financial and accurate as possiore space is needed,	ble. If two married people a attach a separate sheet to		ankruptcy equally responsible for sup additional pages, write you	
numb Part		n). Answer every ques	stion. rital Status and Where You	Lived Before		
		current marital statu		Elved Belore		
[☐ Married■ Not mar	ried				
2. [During the last 3 years, have you lived anywhere other than where you live now?					
] [■ No □ Yes. List all of the places you lived in the last 3 years. Do not include where you live now. 					
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory co, Texas, Washington and V	
]]	■ No □ Yes. Ma	ike sure you fill out <i>Sch</i>	nedule H: Your Codebtors (O	fficial Form 106H).		
Part	2 Explai	n the Sources of You	r Income			
F	Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.					
[□ No ■ Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:		•	■ Wages, commissions, bonuses, tips	\$40,320.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

				Debtor 1		Debtor 2		
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inco		Gross income (before deductions and exclusions)
	r last caler nuary 1 to	dar year: December	31, 2017)	■ Wages, commissions, bonuses, tips	\$67,177.00	☐ Wages, components bonuses, tips	missions,	
				☐ Operating a business		☐ Operating a b	ousiness	
For (Ja	r the calen nuary 1 to	dar year be December	fore that: 31, 2016)	■ Wages, commissions, bonuses, tips	\$48,397.00	☐ Wages, comi bonuses, tips	missions,	
				☐ Operating a business		☐ Operating a b	ousiness	
	List each	•	the gross inco	se and you have income that yome from each source separat		•		
				Debtor 1		Debtor 2		
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of inco		Gross income (before deductions and exclusions)
Par	rt 3: Lis	t Certain Pa	vments You	Made Before You Filed for I	,			
6.	Are either □ No.	Neither Deindividual puring the No.	ebtor 1 nor E primarily for a 90 days befo Go to line 7 List below 6 paid that cr not include	P's debts primarily consumer Debtor 2 has primarily consumer Debtor 2 has primarily consumer Debtor 2 has primarily, or household one you filed for bankruptcy, die are creditor to whom you paid editor. Do not include payment payments to an attorney for the ton 4/01/19 and every 3 years	mer debts. Consumer debt d purpose." d you pay any creditor a tot d a total of \$6,425* or more ts for domestic support oblinis bankruptcy case.	al of \$6,425* or mor in one or more pay gations, such as chi	e? ments and thild support a	ne total amount you nd alimony. Also, do
	■ Yes.			or both have primarily consurer you filed for bankruptcy, did		al of \$600 or more?		
		No.	Go to line 7	,				
		□ _{Yes}	include pay	each creditor to whom you paid ments for domestic support ob this bankruptcy case.				
	Creditor	's Name and	d Address	Dates of payme	nt Total amount paid	Amount you still owe	Was this p	payment for

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Case number (if known)

Official Form 107

Debtor 1

Heather M. Brennan

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

made

18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details.						
	Person Who Received Transfer Address	Description and v		payme	be any property or nts received or debts exchange	Date transfer was made	
	Person's relationship to you				· ·		
19.	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details.						
	Name of trust	Description and v	alue of the pro	perty transf	ferred	Date Transfer was	
						made	
Par	t 8: List of Certain Financial Accounts, Instru	uments, Safe Deposi	t Boxes, and St	orage Units	3		
20.	, , , , , , , , , , , , , , , , , , , ,	were any financial ac	counts or instr	uments hel	d in your name, or for y	our benefit, closed,	
	sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.						
	☐ Yes. Fill in the details.						
		ast 4 digits of Type of account or instrument		unt or	Date account was closed, sold, moved, or transferred	Last balance before closing of transfe	
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?						
	■ No						
	Yes. Fill in the details.						
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe t	he contents	Do you still have it?	
22.	Have you stored property in a storage unit or p	place other than your	home within 1	year before	e you filed for bankrupto	cy?	
	No						
	Yes. Fill in the details.	W//		D"	L	D	
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or l to it? Address (Number, S State and ZIP Code)		Describe t	he contents	Do you still have it?	
Par	t 9: Identify Property You Hold or Control for	r Someone Else					
	Do you hold or control any property that some for someone.		ude any proper	ty you borre	owed from, are storing f	for, or hold in trust	
	■ No □ Yes. Fill in the details.						
	Owner's Name Address (Number, Street, City, State and ZIP Code)		umber, Street, City, State and ZIP		he property	Value	
Par	t 10: Give Details About Environmental Inform	nation					

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 5

		toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.							
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or use to own, operate, or utilize it, including disposal sites.								
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.								
Rep	ort a	III notices, releases, and proceedings th	at you know about, regardless of wher	n the	y occurred.				
24.	Has	any governmental unit notified you tha	t you may be liable or potentially liable	und	er or in violation of an environme	ental law?			
	_	No							
		No Yes. Fill in the details.							
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice			
25.	Hav	ve you notified any governmental unit of	any release of hazardous material?						
		No							
		Yes. Fill in the details.							
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	d	Environmental law, if you know it	Date of notice			
26.	Hav	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.							
	_								
		No Yes. Fill in the details.							
	Case Title Court or agency Nature of the case					Status of the			
		se Number	Name Address (Number, Street, City, State and ZIP Code)			case			
Pai	rt 11:	Give Details About Your Business or	·						
27	Wit	— hin 4 years before you filed for bankrupt	cy did you own a business or have ar	ny of	the following connections to any	husiness?			
	*****	_ `		-		business:			
	 □ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time □ A member of a limited liability company (LLC) or limited liability partnership (LLP) 								
	☐ A partner in a partnership								
		☐ An owner of at least 5% of the vesting or equity accurities of a corporation							
	☐ An owner of at least 5% of the voting or equity securities of a corporation								
	_	No. None of the above applies. Go to Part 12.							
	Yes. Check all that apply above and fill in			5.					
	Address		escribe the nature of the business ame of accountant or bookkeeper		Employer Identification number Do not include Social Security number or ITIN.				
					Dates business existed				
28.	8. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.								

Part 12: Sign Below

Name

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107

Date Issued

☐ Yes. Fill in the details below.

Address (Number, Street, City, State and ZIP Code)

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Heather M. Brennan

Heather M. Brennan

Signature of Debtor 1

Date September 18, 2018

Date

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

United States Bankruptcy Court Eastern District of Michigan

In re	Heather I	M. Brennan	Case No.					
-		Debtor(s)	Chapter	7				
		STATEMENT OF ATTORNEY FOR DEPURSUANT TO F.R.BANKR.P. 20						
	The unders	igned, pursuant to F.R.Bankr.P. 2016(b), states that:						
1.	The unders	igned is the attorney for the Debtor(s) in this case.						
2.	The compe	nsation paid or agreed to be paid by the Debtor(s) to the undersigned	is: [Check one]					
	[X] <u>I</u>	LAT FEE						
		For legal services rendered in contemplation of and in connection with exclusive of the filing fee paid		1,100.00				
	В.	Prior to filing this statement, received		1,100.00				
		The unpaid balance due and payable is		0.00				
	[] <u>I</u>	RETAINER						
	A.	Amount of retainer received						
		The undersigned shall bill against the retainer at an hourly rate of \$agreed to pay all Court approved fees and expenses exceeding the amount		ourly rate schedule.] Debtor(s) have				
3.	\$ 335.00	of the filing fee has been paid.						
4.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: [Cross out any that do not apply.]							
	b	analysis of the debtor's financial situation, and rendering advice to the ankruptcy;	_	-				
	C. F	 B. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; C. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; 						
		Representation of the debtor in adversary proceedings and other contest Reaffirmations;	ted bankruptcy matter	s;				
		Redemptions;						
		Other:	annlications as nos	لمملم				
_		exemption planning; filing of reaffirmation agreements and		eded.				
5.	F	ent with the debtor(s), the above-disclosed fee does not include the follower that the debtors in any dischargeability action proceeding, 2004 examinations (deposition).		dances or any other adversary				
6.		of payments to the undersigned was from: XX Debtor(s)' earnings, wages, compensation for service Other (describe, including the identity of payor)	es performed					
7.		igned has not shared or agreed to share, with any other person, other ta, any compensation paid or to be paid except as follows:	han with members of t	he undersigned's law firm or				
Dated:	Septem	ber 18, 2018	/s/ Melvin J. Babi					
			Attorney for the Debto Melvin J. Babi P700 Babi & Babi Law, F 22710 Haggerty Rd Suite 151 Farmington Hills, N 248-434-4110 Melvi	655 P.L.L.C.				
Agreed:	/s/ Heat	her M. Brennan						
Č	Heather	M. Brennan						
	Debtor		Debtor					

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

Page 44 of 51

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the Chapter 7 Means Test Calculation (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the Chapter 7 Means Test Calculation (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called exempt property. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on Schedule C: The Property You Claim as Exempt (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans.

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_form s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on Voluntary Petition for Individuals Filing for Bankruptcy (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a joint case. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Eastern District of Michigan

In re	Heather M. Brennan		Case No.					
		Debtor(s)	Chapter	7				
	VERIFICATION OF CREDITOR MATRIX							
The ab	ove-named Debtor hereby verifies th	nat the attached list of creditors is true and c	correct to the best	of his/her knowledge.				
Date:	September 18, 2018	/s/ Heather M. Brennan						
		Heather M. Brennan						
		Signature of Debtor						

53rd District Court Howell 204 S. Highlander Way Ste 1 Case No. 18-3559-C Howell, MI 48843

Aaron Allen 481 Turquoise Dr. Whitmore Lake, MI 48189

Accelerated Receivable Solutions P.O. Box 70 Scottsbluff, NE 69363

Accelerated Receivables 2223 Broadway Scottsbluff, NE 69361

AFNI P.O. Box 3097 Bloomington, IL 61702

ATI Physical Therapy 40600 ANN ARBOR RD E STE 201 Plymouth, MI 48170

Brighton Vision Center PO BOX 78000 Dept 78007 Detroit, MI 48278

Capital One Bank 10700 Capital One Way Richmond, VA 23060

Carvana 63 Pierce Rd. Winder, GA 30680

Commonwealth Financial Systems 245 Main St. Dickson City, PA 18519

Diversified Consultants, Inc. P.O. Box 551268
Jacksonville, FL 32255

Enhanced Recovery Corp PO Box 57547 Jacksonville, FL 32241

H&R Accounts 5320 22nd Ave. Moline, IL 61265

IHA PO BOX 131186 Ann Arbor, MI 48113-1186

Long Lake Anesthesiology 2009 Momentum Pl Chicago, IL 60689

Mid Mich. Collection P.O. Box 130 Saint Johns, MI 48879

Midland Funding PO BOX 1628 Warren, MI 48090

Navient P.O. Box 9655 Wilkes Barre, PA 18773

NPAS, Inc. PO Box 99400 Louisville, KY 40269

Omar Najor PO BOX 2044 Warren, MI 48090

Pheonix Financial Services PO BOX 361450 Indianapolis, IN 46236

St. Joseph Mercy Ann Arbor PO BOX 776480 Chicago, IL 60677

State of Michigan Michigan Dept. of Treasury P.O. Box 30456 Lansing, MI 48909-7955

State of Michigan c/o Attorney General 3030 W. Grand Blvd., #10-200 Detroit, MI 48202

U of M Credit Union PO BOX 7850 Ann Arbor, MI 48107

U.S. Trustee 211 W. Fort St., Ste. 700 Detroit, MI 48226

Unasource Surgery Center 4550 Investment Dr. Ste 100 Troy, MI 48098

Village Capitale Investments 1 Corp. Dr. Ste. 360 Lake Zurich, IL 60047